

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

7424-62-028616
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED AUG 6 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
8 yrs 326 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Chronic

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5600 Arsenal Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last Mario (Marlon) C. Falconi

4. DATE OF DEATH Month Day Year 7 26 62

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 7-16-09

9. AGE (last birthday) 53

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder

10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

Michael Falconi

13b. MOTHER'S MAIDEN NAME

Antoinette - - -

14. NAME OF HUSBAND OR WIFE

not stated

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Donald Gorris, 4626 Heege Road

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolism

INTERVAL BETWEEN ONSET AND DEATH 3 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

THROMBOSIS, ILIAC VEINS

DUE TO (c)

466X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cystitis Chronic - Multiple Sclerosis - Decubiti

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-3-52 to 7-26-62

9:15 PM

and last saw her alive on 7-26-62

Death occurred at 7-26-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE July 30, 1962

23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

Math Hermann & Son, Inc., 2161 E. Fair Ave

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

St. Louis, 7, Missouri

JUL 28 1962

Head Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3757

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.